

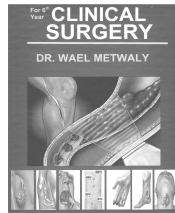
REVISION 11

APPENDICITIS,

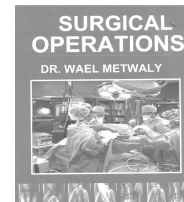
SMALL & LARGE INTESTINE

BY DR. WAEL METWALY

★ Clinical

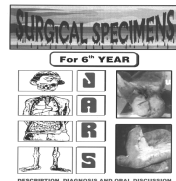


★ Operative



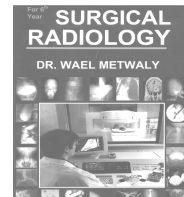
- Appendicitis.
- Colostomy.

★ Jars



- Michel's Diverticulum
- Acute Appendicitis
- Empyema of Appendix
- Bilharzial Pseudo-cyst
- Familial Polyposis Coli
- Carcinoma of the Caecum
- Carcinoma of Rectum

★ X-rays



- Ba. Meal follow through:
 - Chronic Disease
- Ba. Enema:
 - Cancer Colon
 - Ulcerative Colitis
 - Diverticulosis coli
 - Familial Polyposis Coli
 - Bilharzial Polyps

EXAMS

- A. Written Questions
- B. Explanations
- C. Cases

A. WRITTEN QUESTIONS

1. ACUTE APPENDICITIS

2000

- Enumerate Complications of **Acute Appendicitis** & Mention ttt. of one of them
- Mention ttt. of **Appendicular Mass**

(10 Marks) دور ثانی

(10 Marks)

2001

- Mention in brief Complications of **Acute Appendicitis**

(15 Marks)

2002

- Enumerate Complications of **Acute Appendicitis**

(10 Marks) دور ثانی

2003

- Discuss **DD** of **Acute Appendicitis**

(9 Marks) دور ثانی

2004

- Discuss C/P. of **Acute Appendicitis**

(20 Marks) دور ثانی

2005

- A 25 years old male gives history of vague umbilical pain that shifted to the Rt. Iliac fossa of 3 days duration. The patient has pulse of 100/min & temp is 38 c. abdominal examination reveals a tender mass in Rt. Iliac fossa.

Discuss management

(20 Marks) دور ثانی

2006

- Discuss C/P, Investigations & Treatment of **Acute Appendicitis**

(20 Marks)

2007

- A 28 years old female came to emergency room with vague abdominal pain that shifted to the Rt. Iliac fossa .She had nausea . The pulse of 100/min & temp is 37.8 c. abdominal examination reveals Localized & Rebound tenderness in Rt. Iliac fossa.

Discuss management

(20 Marks)

2. SMALL & LARGE INTESTINE

2001

- Mention Pathology & C/P of **Bilharzial Colitis**

(10 Marks)

2002

- Discuss Path.,C/P & management of **Cancer Sigmoid**

(15 Marks) دور ثانی

2003

- Discuss **Mickel's Diverticulum**
- Discuss Path. & Complications of **Cancer Rectum**
- Discuss Path.,C/P & management of **Cancer Caecum**

(9 Marks) دور ثانی

(9 Marks) دور ثانی

(20 Marks)

2004

- Discuss Path.,C/P & management of **Cancer Lt. Colon**

(20 Marks) دور ثانی

2006

- A 70-years-old male patient gives a history of change of his bowel habits, loss of weight & fresh bleeding per rectum. Rectal examination is free.

Discuss management**(20 Marks) دور ثانی**

- A 65-years-old male presented with progressive constipation with passing red blood in stools infrequently. On examination a hard mass felt in the Lt. iliac fossa. P.R examination was free.

Discuss management**(20 Marks)****2007**

- A 75-years-old male presented with progressive constipation & recurrent attacks of fresh bleeding per rectum. Abdominal examination reveals some distension.

Discuss management**(20 Marks)****2008**

- Discuss Natural history of **Diverticular disease** of the colon
- Discuss factors predisposing to malignancy in **Ulcerative colitis**

(10 Marks)**(10 Marks)****2009**

- A 50-years-old male presented with bleeding per rectum, tenesmus, mucous with stool. On P/R examination found ulcerated mass.

Discuss management**(20 Marks) دور ثانی****B. EXPLAIN****THE FOLLOWING STATEMENTS****1. An Appendicular mass is better treated conservatively****(2005 – دور اول - Kasr)****(2006 – دور اول - Kasr)**

- As Appendicular mass represents success of body to isolate the danger & To avoid hazards of injury of intestine.

2. Surgery of the colon is greater risk than surgery of the Small intestine**(2008 – دور ثانی - Kasr)**

- Because of
 - ① The highly infective content of both aerobic & anaerobic organism.
 - ② Constant gaseous distension.
 - ③ Incomplete serous coat.

3. Mickel's Diverticulum may present by black blood in stools**(2006 – دور اول - Kasr)**

- Because of presence of Ectopic gastric mucosa which may bleed if complicated by peptic ulcer

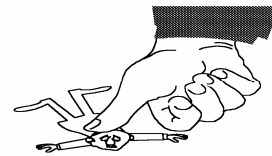
4. Patient with Carcinoma of the Caecum don't usually presented with Intestinal Obstruction (2006 – دور ثانی - Kasr) (2006 – دور أول - Kasr) (2008 – دور ثانی - Kasr)

- Because of
- ① The wider the lumen .
 - ② The stool is still liquid .
 - ③ Carcinoma is not stenotic.

5. Carcinoma of Sigmoid colon commonly presents by Intestinal Obstruction (2006 – دور ثانی - 6. oct.)

- Because of
- ① The smaller the lumen.
 - ② The stool is more solid
 - ③ The carcinoma is more stenotic

D. CASES



Case [67] (Acute Appendicitis)

A 28 years old female came to emergency room with vague abdominal pain that shifted to the Rt. Iliac fossa .She had nausea . The pulse of 100/min & temp is 37.8 c. abdominal examination reveals Localized & Rebound tenderness in Rt. Iliac fossa.

(2007 – دور أول - Kasr)

- Discuss the Management?

Case [68] (Appendicular Mass)

A 25-years-old male gives history of vague umbilical pain that shifted to the Rt. Iliac fossa of 3 days duration. The patient has pulse of 100/min & temp is 38 c. abdominal examination reveals a tender mass in Rt. Iliac fossa.

(2005 – دور ثانی - Kasr)

- Discuss the Management?

Case [69] (Cancer Caecum)

A 50-years-old patient presented by sever anorexia, loss of weight, easy fatigability & she looked pale. On examination her temp. was 37 A.B.P 140/99 mmHg. A hard mass was palpable in Rt. Iliac fossa.

(2006 – دور أول - 6 oct.)

- Discuss the Management?

Case [70] (Cancer Sigmoid)

A 65-years-old male presented with progressive constipation with passing red blood in stools infrequently . On examination a hard mass felt in the Lt. iliac fossa. P.R examination was free.

(2006 – دور أول - Kasr)

- Discuss the Management?

Case [71] (Cancer Sigmoid dd from Diverticulosis coli)

A 75-years-old male presented with progressive constipation & fresh bleeding per rectum . Abdominal examination reveals some distension.

(2007 – دور أول - Kasr)

- Discuss the Management?

Case [72] (Cancer Colon)

A 70-years-old male patient gives a history of change of his bowel habits, loss of weight & fresh bleeding per rectum. Rectal examination is free.

(2006 – دور ثانی - Kasr)

- Discuss the Management?

Case [73] (Cancer Rectum)

A 50-years-old male presented with bleeding per rectum, tenesmus, mucous with stool. On P/R examination found ulcerated mass.

(2009 – دور ثانی - Kasr)

- Discuss the Management?

بِسْمِ اللَّهِ
GOOD LUCK
Dr. WAEL